

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-879)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							61						
2							62						
3							63						
4							64						
5							65						
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38							98						
39							99						
40							100						
41													
42													
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44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	5						TOTAL IND.						
TOTAL DEP.	19						TOTAL DEP.						
TOTAL	24						TOTAL						